



# New Mexico Human Services Department

Bill Richardson, Governor  
Kathryn Falls, Secretary

Office of the Secretary  
PO Box 2348  
Santa Fe, NM 87504-2348  
Phone: (505) 827-7750; Fax: (505) 827-6286

August 20, 2010

The Honorable Danice Picraux, Chair  
Legislative Health & Human Services Committee  
4308 Avenida la Resolana, NE  
Albuquerque, New Mexico 87110

The Honorable Dede Feldman, Vice-Chair  
Legislative Health & Human Services Committee  
1821 Meadowview, NW  
Albuquerque, New Mexico 87104

Dear Chairwoman Picraux and Vice-Chairwoman Feldman:

Thank you for the opportunity to testify before the Legislative Health and Human Services Committee (LHHS) at its July 8<sup>th</sup> hearing. My notes from that meeting listed two follow-up questions from the Committee members, which are addressed in this letter:

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Enclosed is a report for State Fiscal Year 2009 that lists Medicaid payments by Category of Eligibility broken down by; physical health, behavioral health, Coordination of Long-Term Services, Fee for Service, and totals for all Managed Care and Fee for Service.
- 2. The Committee inquired about the status of the profit margin requirement reduction to 3%.**
  - a.** In State Fiscal Year 2010, the Managed Care Organizations had their profit margin requirement for the Salud! and State Coverage Insurance (SCI) (aggregate) reduced to 3% from the previous 5%. At the end of SFY 10 Quarter 3, all MCOs were compliant with this contractual requirement based on their unaudited financial reports. Statewide capitation rates to the Salud! MCOs were reduced 4.5% during the SFY 10 timeframe. These reductions were accomplished by programmatic changes and bringing the rates down to the low end of the actuarially sound rate range.

Thank you for this opportunity to respond to the issues raised by the Committee at the July 8<sup>th</sup> hearing. If you have any questions or would like additional information about the items addressed in this letter, please do not hesitate to let me know.

Sincerely,

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Katie Falls  
Secretary

Encl.

Cc: LHHS Committee Members  
Karen Wells  
Michael Hely



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- a. The NM Health Care Reform (HCR) Leadership Team is tracking all grants state agencies are applying for, and the summary spreadsheet can be found at <http://www.hsd.state.nm.us/nhcr/Weekly%20Grant%20Tracking.html>. However, agencies not under the authority of the Executive branch of government (i.e., schools, universities, etc.) are not required to provide the State information as to their grant applications.

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- a. If the recipient is referred to a non-IHS or non-reservation clinic, the coverage would be limited to the Medicaid benefit package. However, even when services are provided at the IHS facility or on the reservation, the services covered are also limited to the Medicaid benefit package. In either case, for services not covered by Medicaid, IHS would become the primary payer.

**7. The Committee had several questions regarding the employer mandates of the PPACA, including: How penalties are calculated; how are employees counted; how many employees in a small business would fall under the mandate; how are parents mandated to cover their children and at what age are children mandated to buy health insurance; and, where does the money from the penalties go?**

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  - i. \$2,000 per year per full-time worker. When calculating the penalty the first 30 full-time workers are subtracted from the payment calculation. The penalty is prorated for partial coverage during the year. (E.g. an employer with 51 full-time workers pays  $\$2,000 \times 21 = \$42,000$ ).
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- i. An employer with 100 employees, 10 of which receive a premium credit would be required to pay a \$30,000 penalty (10 x \$3,000) and the maximum penalty would be \$140,000 (70 x \$2,000).
  - ii. The penalties will be due on an annual, monthly or other periodic basis as established by the U.S. Treasury. The penalty amounts are indexed annually. (PPACA §§ 1513 and 10106 adding §4980H to the IRC; § 1003 of the Reconciliation Bill).
- c. **How are employees counted and how many employees in a small business would fall under the mandate?** On average, small businesses pay about 18% more than large firms for the same health insurance policy, and small businesses lack the purchasing power that larger employers have. The Affordable Care Act provides tax credits for small employers and the ability to shop for insurance in Exchanges that will help close this gap.
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  - iv. Part-time employees (those working less than 30 hours per week) are counted to determine employer size. To determine the number of full-time equivalent employees, the employer would add up all of the hours worked by a part-time employee and divide by 120. That number is then added to the number of full time employees. Penalties are assessed only on full-time employees that work 30 or more hours per week. (PPACA §§1513 and 10106 adding §4980H to the IRC; §1003 of Reconciliation Bill).
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- ii. On May 10, 2010, the Departments of Treasury, Labor and Health and Human Services issued an Interim Final Rule to implement the Patient Protection and Affordable Care Act (PPACA) mandate extending coverage of adult children under group health plans until age 26. PPACA requires that, effective for plan years beginning on or after September 23, 2010 (January 1, 2011, for calendar year plans), a group health plan that offers dependent coverage must continue such coverage for an employee's adult child until the child turns 26 years old. The Interim Final Rule defines who is covered for purposes of this new mandate, provides for a transition rule for adult children who become eligible for coverage by reason of the new mandate, and requires plans to offer uniform terms of coverage for all children until age 26 who are covered under the plan.
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Category of Eligibility	TABLE I. Physical Health Salud Managed Care (SALUD) Capitations paid for coverage period July 1, 2008 - June 30, 2009				TABLE II. Behavioral Health Managed Care (BH) Capitations paid for coverage period July 1, 2008 - June 30, 2009			
	Age < 21		Age >= 21		Age < 21		Age >= 21	
	Reimbursement	Reimbursement	Reimbursement	Total	Reimbursement	Reimbursement	Reimbursement	Total
001-SSI Aged and Medicaid Ext-Aged								
002-Temp Assist for Needy Families			\$ 1,371,138	\$ 1,371,138		\$ 255,263	\$ 255,263	
003-SSI Blind & Medicaid Exten- Blind	\$ 340,157	\$ 1,453,224	\$ 1,793,381		\$ 199,076	\$ 315,825	\$ 514,901	
004-SSI Disabl & Meaid Exten-Disabl	\$ 75,294,479	\$ 210,177,637	\$ 285,472,117		\$ 37,704,325	\$ 38,175,732	\$ 75,880,058	
017-Subsidy Adoption Other States	\$ 1,543,814		\$ 1,543,814		\$ 4,221,985		\$ 4,221,985	
019-Refugee (Cash & Med Assist)								
028-Transitional Medicaid	\$ 29,822,123	\$ 44,244,483	\$ 74,066,606		\$ 5,624,126	\$ 3,282,956	\$ 8,907,082	
029-Family Planning								
030-Med Assist- Pregnant Women	\$ 2,143,971	\$ 2,414,175	\$ 4,558,146		\$ 68,330	\$ 77,148	\$ 145,478	
031-Newborns	\$ 86,020,963		\$ 86,020,963		\$ 5,193,017		\$ 5,193,017	
032-133% OF Poverty Kids	\$ 257,757,945		\$ 257,757,945		\$ 48,597,937		\$ 48,597,937	
035-Preg Wn FM 3 Presumptive Elig	\$ 10,933,424	\$ 44,347,082	\$ 55,280,505		\$ 349,258	\$ 1,415,774	\$ 1,765,032	
036-185% OF Poverty Kids	\$ 50,187,646		\$ 50,187,646		\$ 9,471,427		\$ 9,471,427	
037-Subsidy Adoption Title IV-E	\$ 6,854,215		\$ 6,854,215		\$ 18,044,257		\$ 18,044,257	
041-QMB - Age 65 and over								
044-QMB - Under 65								
046-FC Child Out of NM Title IV-E								
047-Subs Adpt Out of NM Title IV-E								
049-Refugee - (Med Assist Only)								
052- Breast & Cerv Cancer Pretreat								
054-Special Medical Needs-Disabled								
066-Foster Care Title IV-E	\$ 4,981,996		\$ 4,981,996		\$ 13,948,683		\$ 13,948,683	
071-235% Pov SCHIPS FM3 PE FM2 PAK	\$ 18,309,115		\$ 18,309,115		\$ 3,454,577		\$ 3,454,577	
072-Non-TANF	\$ 121,464,295	\$ 147,712,923	\$ 269,177,218		\$ 22,503,557	\$ 10,809,051	\$ 33,312,609	
074-Qualified Working Disabled	\$ 18,118	\$ 8,585,781	\$ 8,603,900		\$ 13,697	\$ 1,422,425	\$ 1,436,122	
081-Institutional Care - Aged								
084-Institutional Care - Disabled								
085-EMC for Undocumented Aliens								
086-FC Child From Another State								
090-HCBW - AIDS		\$ 34,650	\$ 34,650			\$ 4,859	\$ 4,859	
091-HCBW - Handicapped & Elderly		\$ 64,186	\$ 64,186			\$ 40,259	\$ 40,259	
092-HCBW - Brain Injury	\$ 63,401	\$ 404,664	\$ 468,065		\$ 106,384	\$ 190,536	\$ 296,920	
093-HCBW - Handicapped & Elderly(Blind)	\$ 3,140		\$ 3,140		\$ 3,833		\$ 3,833	
094-HCBW - Med Handicapped - Disabl	\$ 332,882	\$ 1,160,249	\$ 1,493,131		\$ 543,148	\$ 450,137	\$ 993,284	
095-HCBW - Medically Fragile	\$ 1,448,144	\$ 131,348	\$ 1,579,491		\$ 665,331	\$ 28,285	\$ 693,617	
096-HCBW - Developmentally Disabl	\$ 5,280,009	\$ 11,192,293	\$ 16,472,302		\$ 3,195,536	\$ 2,295,628	\$ 5,491,164	
Totals	\$ 672,799,837	\$ 473,293,832	\$ 1,146,093,669		\$ 173,908,484	\$ 58,763,878	\$ 232,672,362	



## Category of Eligibility

TABLE III. Coordination of Long Term Services Managed Care (COLTS) Capitations for coverage period July 1, 2008 - June 30, 2009

TABLE IV. Fee for Service (FFS) Payments directly to providers for Dates of Service July 1, 2008 - June 30, 2009

Category of Eligibility	Age < 21		Age >= 21		Total		Age < 21		Age >= 21		Total	
	Reimbursement		Reimbursement		Reimbursement		Reimbursement		Reimbursement		Reimbursement	
001-SSI Aged and Meaid Ext-Aged												
002-Temp Assist for Needy Families												
003-SSI Blind & Meaid Exten- Blind	\$	1,471	\$	3,972,115		\$3,973,585	\$	4,017	\$	7,352	\$	11,369
004-SSI Disbl & Meaid Exten-Disabl	\$	148,980	\$	235,383,213		\$235,532,192	\$	261,014	\$	2,468,154	\$	29,729,168
017-Subsidy Adoption Other States							\$	22,246,183	\$	152,867,407	\$	175,113,591
019-Refugee (Cash & Med Assist)							\$	95,818			\$	95,818
028-Transitional Medicaid			\$	444,470	\$	444,470	\$	19			\$	19
029-Family Planning							\$	5,912,226	\$	5,773,105	\$	11,685,331
030-Med Assist- Pregnant Women							\$	354,043	\$	4,529,774	\$	4,883,817
031-Newborns							\$	687,861	\$	979,159	\$	1,667,021
032-133% Of Poverty Kids							\$	40,363,696	\$	1,411	\$	40,365,107
035-Preg Wm FM 3 Presumptive Elig			\$	21,332	\$	21,332	\$	64,217,120	\$	1,414	\$	64,218,534
036-185% Of Poverty Kids							\$	5,110,161	\$	21,835,285	\$	26,945,446
037-Subsidy Adoption Title IV-E							\$	8,594,179			\$	8,594,179
041-QMB - Age 65 and over							\$	783,113			\$	783,113
044-QMB - Under 65							\$		\$	7,363,540	\$	7,363,540
046-FC Child Out of NM Title IV-E							\$	794	\$	6,160,763	\$	6,161,556
047-Subs Adpt Out of NM Title IV-E							\$	1,955			\$	1,955
049-Refugee - (Med Assist Only)							\$	31,628			\$	31,628
052-Breast & Cerv Cancer Pretreat			\$	32,532	\$	32,532	\$	38,989	\$	278,636	\$	317,625
054-Special Medical Needs-Disabled									\$	9,014,305	\$	9,014,305
066-Foster Care Title IV-E	\$	1,103			\$	1,103	\$		\$	9,343	\$	9,343
071-235% Pov SCHIPS FM3 PE FM2 PAK							\$	3,796,290	\$	151	\$	3,796,442
072-Non-TANF							\$	7,763,315			\$	7,763,315
074-Qualified Working Disabled			\$	3,495,190	\$	3,495,190	\$	35,481,293	\$	40,911,463	\$	76,392,756
081-Institutional Care - Aged			\$	4,769,310	\$	4,769,310	\$	15,464	\$	3,911,029	\$	3,926,493
084-Institutional Care - Disabled			\$	58,305,108	\$	58,305,108			\$	64,348,401	\$	64,348,401
085-EMC for Undocumented Aliens			\$	11,597,639	\$	11,597,639	\$	934,601	\$	38,423,167	\$	39,357,768
086-FC Child From Another State							\$	2,535,017	\$	8,597,903	\$	11,132,921
090-HCBW - AIDS							\$	171,747			\$	171,747
091-HCBW - Handicapped & Elderly			\$	36,662,462	\$	36,662,462	\$	201	\$	340,969	\$	341,170
092-HCBW - Brain Injury	\$	276,341	\$	2,140,884		\$2,417,225	\$	133,231	\$	28,777,955	\$	28,911,186
093-HCBW - Handcapped & Eldy(Blind)	\$	32,430	\$	71,467		\$103,897	\$	462,081	\$	7,080,515	\$	7,542,596
094-HCBW - Med Handcapped - Disable	\$	2,894,536	\$	23,202,891		\$26,097,426	\$	455	\$	112,997	\$	113,452
095-HCBW - Medically Fragile							\$	976,446	\$	15,806,182	\$	16,782,628
096-HCBW - Developmentally Disable							\$	1,968,681	\$	885,132	\$	2,853,813
Totals	\$	3,354,860	\$	442,893,893		\$446,248,754	\$	223,116,786	\$	710,879,767	\$	960,996,553



Category of Eligibility	TABLE V. Totals of All Managed Care and Fee for Service Combined June 1, 2008 through July 1, 2009
001-SSI Aged and Meaid Ext-Aged	\$ 93,900,557
002-Temp Assist for Needy Families	\$ 11,369
003-SSI Blind & Meaid Exten- Blind	\$ 36,011,035
004-SSI Disbl & Meaid Exten-Disabl	\$ 771,997,958
017-Subsidy Adoption Other States	\$ 5,861,617
019-Refugee (Cash & Med Assist)	\$ 19
028-Transitional Medicaid	\$ 95,103,489
029-Family Planning	\$ 4,883,817
030-Med Assist- Pregnant Women	\$ 6,370,645
031-Newborns	\$ 131,579,087
032-133% Of Poverty Kids	\$ 370,574,416
035-Preg Wm FM 3 Presumptive Elig	\$ 84,012,315
036-185% Of Poverty Kids	\$ 68,253,252
037-Subsidy Adoption Title IV-E	\$ 25,681,585
041- QMB - Age 65 and over	\$ 7,363,540
044- QMB - Under 65	\$ 6,161,556
046-FC Child Out of NM Title IV-E	\$ 1,955
047-Subs Adpt Out of NM Title IV-E	\$ 31,628
049-Refugee - (Med Assist Only)	\$ 317,625
052- Breast & Cerv Cancer Pretreat	\$ 9,046,837
054-Special Medical Needs-Disabled	\$ 9,343
066-Foster Care Title IV-E	\$ 22,728,224
071-235% Pov SCHIPS FM3 PE FM2 PAK	\$ 29,527,007
072-Non-TANF	\$ 382,377,773
074-Qualified Working Disabled	\$ 18,735,825
081-Institutional Care - Aged	\$ 122,653,509
084-Institutional Care - Disabled	\$ 50,955,407
085-EMC for Undocumented Aliens	\$ 11,132,921
086-FC Child From Another State	\$ 171,747
090-HCBW - AIDS	\$ 380,679
091-HCBW - Handicapped & Elderly	\$ 65,678,093
092-HCBW - Brain Injury	\$ 10,724,806
093-HCBW - Handcapped & Elldy(Blind)	\$ 224,322
094-HCBW - Med Handcapped - Disable	\$ 45,366,469
095-HCBW - Medically Fragile	\$ 5,126,921
096-HCBW - Developmentally Disable	\$ 303,053,992
<b>Grand Total</b>	<b>\$ 2,786,011,339</b>

Note 1: CoLTS was phased in during SFY 2009 from July 1, 2008 through March 31, 2009, and therefore the payments for CoLTS done represent a full year.

Note 2: The payments on this chart do not include any payments other than for claims and capitations processed by the Medicaid program. The payments do not include gross level payments and adjustments such as cost settlements, Disproportionate Share Hospital payments, Graduate Medical Education or Indirect Medical Education payments, and other pay outs not related to a specific recipient with a category of eligibility.